

Application Data Sheet

Application Information

Application number:: Unassigned
Filing Date:: March 25, 2004
Application Type:: Divisional
Subject Matter::
Suggested classification::
Suggested Group Art Unit::
CD-ROM or CD-R?:: No
Number of CD disks::
Number of copies of CDs::
Sequence submission?:: Yes
Computer Readable Form (CRF)?:: No
Number of copies of CRF::
Title:: Humanization of an Anti-Carcinoembryonic Antigen Anti-Idiotype Antibody as a Tumor Vaccine and for Targeting Applications
Attorney Docket Number:: 40923-0060-US2
Request for Early Publication?:: No
Request for Non-Publication?:: No
Suggested Drawing Figure::
Total Drawing Sheets:: 9
Small Entity?:: No
Latin name::
Variety denomination name::
Petition included?:: No
Petition Type::
Licensed US Govt. Agency::
Contractor Grant Numbers::
Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Great Britain
Status:: Full Capacity
Given Name:: Shui-on
Middle Name::
Family Name:: Leung
Name Suffix::
City of Residence:: Madison
State or Province of Residence:: NJ
Country of Residence:: United States
Street of mailing address:: 254 Kings Road
City of mailing address:: Madison
State or Province of mailing address:: NJ
Country of mailing address:: United States
Postal or Zip Code of mailing address:: 07940

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: France
Status:: Full Capacity
Given Name:: Michele
Middle Name:: J.
Family Name:: Losman
Name Suffix::
City of Residence:: South Orange
State or Province of Residence:: NJ
Country of Residence:: United States
Street of mailing address:: 475 Berkeley Avenue
City of mailing address:: South Orange
State or Province of mailing address:: NJ
Country of mailing address:: United States
Postal or Zip Code of mailing address:: 07079

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: United States
Status:: Full Capacity
Given Name:: Hans
Middle Name::
Family Name:: Hansen
Name Suffix::
City of Residence:: Mystic Island
State or Province of Residence:: NJ
Country of Residence:: United States
Street of mailing address:: 2617 North Burgee Drive
City of mailing address:: Mystic Island
State or Province of mailing address:: NJ
Country of mailing address:: United States
Postal or Zip Code of mailing address:: 08087

Correspondence Information

Correspondence Customer Number:: 26633

Name:: Heller Ehrman White & McAuliffe

Street of mailing address:: 1666 K Street, N.W.
Suite 300

City of mailing address:: Washington

State or Province of mailing address:: D.C.

Country of mailing address:: U.S.

Postal or Zip Code of mailing address:: 20006

Phone number:: 202-912-2000

Fax Number: 202-912-2020

E-Mail address:: pbooth@hewm.com

Representative Information

Representative Customer Number::	26633	
----------------------------------	-------	--

- OR -

Representative Designation::	Registration Number::	Representative Name::

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
	Divisional of	09/155,106	November 17, 1998
Provisional		60/013,708	March 20, 1996

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::
WIPO	PCT/US97/04696	March 19, 1997	Yes

Assignee Information

Assignee name:: Immunomedics, Inc.

Street of mailing address:: 300 American Road

City of mailing address:: Morris Plains

State or Province of mailing address:: New Jersey

Country of mailing address:: United States

Postal or Zip Code of mailing address:: 07950